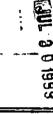
S. No.300	MAC UTILITY	1951		E DIVISION OF H				_	ند دعت که نخم	<u>.</u>		
v. 10.48	#116009		STA	NDARD CERT	FICATE O	F DEATH	State	File No.	292f	<i>y</i>		
	BIRTH NO		BFC 0	ият. но. <u>218</u>	881W48V 8FA	10	03		[077]	5		
Λ,	I. PLACE OF DE	ATH		3 113	PRIMARY REG.	RESIDENCE		itrar's No				
0	a. COUNTY				a. STATE	Missour	N COL	ved. If institu JNTY	ition: residence	e before nimina).		
	b. CITY (If outside or OR TOWN	St. Louis, M	issour	give .c. LENGTH O ownship STAY (in this place	c. CITY (If o		its, write BURAL ar	id give township	09	,		
RECORD	d. FULL NAME OF HOSPITALOR INSTITUTION •	OSTREET ADDRESS	(If run	il, give location)		0						
ĕ	3. NAME OF	a. (First)		b. (Middle)	e. (Las	<u>3813 A.</u>	Sherman		<u> </u>			
	DECEASED (Type or Print)		ARY	Joette	THURE			(Month) ((Day) (Ye 16th,19	5 50		
ANEN		color or race White	7. MARR WIDOV W.S.T	HED, NEVER MARRIED, WED, DIVORCED (Specify)	June 8		9. AGE (In year last birthday) 20	rai of Chebera 1 Yr	TAR IF UNDER	M MRS.		
PERMANENT	10a. USUAL OCCUPATION done during most of world HOUSEWIFE	ON (Give kind of work		D OF BUSINESS OR IN	II. BIRTHPLAC	E (State or foreign			CITIZEN OF	WHAT		
· 🔏	138. FATHER'S NAME		1	36. MOTHER'S MAIDE			ME OF HUSBAND		U.S.			
ы.	Joseph W.		1	Wilma kos:	1 .	j	renk Thu	_				
-MAKE	15. WAS DECEASED EVE (Yes. no. or unknown) (II	R IN U.S. ARMED F	ORCES? of service)	16. SOCIAL SECURITY	17. INFORM	ANT'S SIG	NATURE OR N.	AME	ADDRE			
7	no la calist of otati			MEDICAL		J. Thur	<u>ber 381</u>		nerman			
INK-	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CAUSE OF DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH											
CK	*This does not mean ANTECEDENT CAUSES a											
Ą	the mode of dying, such as heart fallure, asthenia,	Morbid conditions, rise to the above ca	use (a) ma	ping DUE TO (b) ting	* 15 u !	* · · · · · · · · · · · · · · · · · · ·						
~ # #	elc. It means the dis-	the underlying cause	se last.	DUE TO (c)		• • • • • •						
Ç	ease, injury, or complica- tion which caused death.	II. OTHER SIGNIF	ICANT CO			The property of the same of th						
UNFADING		Conditions contribu	uting to the	death but met				1				
<u> </u>	19a. DATE OF OPERA-	19b: MAJOR FIND			•	* • • •		12	D. AUTOPSY1			
S		Lympel	1010	reoura.	in ake	valile	•	ļ	YES NO			
. D.	21a. ACCIDENT SUICIDE HOMICIDE			OF INJURY (e.g., in or about setory, street, office bldg., ste.)	21c. (CITY, TOV	VN, OR TOWNSH	IP) (CO	UNTY)	(STATE)			
PLAINLYUSING	21d. TIME (Month) OF INJURY	(Day) (Year) (H	W	HILE AT NOT WHILE WORK AT WORK	21f. HOW DID I	NJURY OCCUR?		18	DX	_		
LINLY	22. I hereby certify that Lattended the deceased from 10/20/50 19 to 12/16/50, 19 that I last saw the deceased alive on 12/16/50, 19, and that death occurred at m., from the causes and on the date stated above.											
77	23a. SIGNATURE			(Degree or title)	23b. ADDRESS		2.00 0.0 0.0 0.0		c. DATE SIGN	NED		
	Willean	<u>чи.</u>	Car	ver WO	<u> </u>	l5 Lafaye		1 <u></u> /	16/50			
WRITE	24a. BURIAL. CREMA- TION, REMOVAL (Specify)	12/19/5]	24c. NAME OF CEMETER Memorial F			T Out 1 -		(State	e)		
~	DATE REC'D BY LOCAL	REGISTRAR'S SI		- MENOLIST F	25. FUNERAL I	DIRECTOR'S 1	LOUIS'	M18	<u>souri</u> Ess			
į	DEC 18 18	1736	~	aler	Jos. J.	Quinn			n Blyd	1.		
	-	,		(Licensed Embalmer's	itatement on Reve	rae Side)				=		



STATEMENT BY LICENSED EMBALMER

r never certify that the body whose name is recorded on the reverse side o	of this certificate	e was embaime	d by me, or t)y
•			•	•
	,			
working under my personal supervision.	Student	Embaimer No.	••••••	•••••

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.